

# DECLARATION UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: ELECTRICAL CONNECTOR

described and claimed in international application number PCT/FR2004/000244 filed February 3, 2004.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

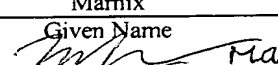
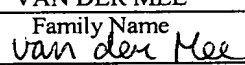
Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

French Patent Application No. 03/01390 filed February 6, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	<b>Typewritten Full Name of Sole or First Inventor:</b>	Marnix		VAN DER MEE
		Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature:</b>			
3	<b>Date of Signature:</b>	September 8		2005
		Month	Day	Year
	<b>Residence:</b>	Montlouis Sur Loire		France
		City	State or Province	Country
	<b>Citizenship:</b>	THE NETHERLANDS		
	<b>Post Office Address:</b>	4, rue de la Bourdaisiere		
	(Insert complete mailing address, including country)	F 37270 Montlouis Sur Loire France		

**Note to Inventor:** Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

1	Typewritten Full Name of Joint Inventor:	Armel	BALDYROU
		Given Name	Family Name
2	Inventor's Signature:	<i>Armel</i>	<i>Baldyrou</i>
3	Date of Signature:	<i>Sept 1988</i>	<i>8</i>
		Month	Day
	Residence:	Monthodon	France
		City	Country
	Citizenship:	FRANCE	
	Post Office Address:	6, rue du Stade	
	(Insert complete mailing address, including country)	F-37110 Monthodon France	

1	Typewritten Full Name of Joint Inventor:	Stephane	GEAY
2	Inventor's Signature:	Given Name <i>Stephane</i>	Middle Initial Family Name <i>Geay</i>
3	Date of Signature:	Month <i>Sept</i>	Day <i>8</i>
	Residence:	Year <i>2005</i>	Country <i>France</i>
	Citizenship:	FRANCE	
	Post Office Address: (Insert complete mailing address, including country)	25, rue du Maine F-41310 Authon France	

<i>of Joint Inventor:</i>		_____	
		Given Name	Middle Initial      Family Name
<b>2</b>	<b>Inventor's Signature:</b>	_____	
<b>3</b>	<b>Date of Signature:</b>	_____	
		Month	Day      Year
	<b>Residence:</b>	_____	
		City	State or Province      Country
	<b>Citizenship:</b>	_____	
	<b>Post Office Address:</b>	_____	
	(Insert complete mailing address, including country)	_____	

<b>of Joint Inventor:</b>		_____		
		Given Name	Middle Initial	Family Name
<b>2</b>	<b>Inventor's Signature:</b>	_____		
<b>3</b>	<b>Date of Signature:</b>	_____		
		Month	Day	Year
	<b>Residence:</b>	_____		
		City	State or Province	Country
	<b>Citizenship:</b>	_____		
	<b>Post Office Address:</b> (Insert complete mailing address, including country)	_____		

**This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.**